							•				
	in this information to the store that the store tha	o identify your ca									
	btor 2	Damene L. V	vinte			_					
_	ouse, if filing)					_					
Uni	ited States Bankrup	tcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	١	_					
		10870					Check if this	is:			
(If Kr	nown)						An ame	J	,		
									wing postpetitione following dat	•	
0	fficial Form	106I					MM / DD/ YYYY				
S	chedule I:	Your Inc	ome							12/15	
spo atta	use. If you are sep ch a separate she	arated and you	are married and not filing wing the spouse is not filing wing wing the top of any additions.	th you, do not inclu	de infor	mati	on about your	spouse. If	f more space i	s needed,	
1.	Fill in your empl information.	oyment		Debtor 1			Debte	or 2 or no	n-filing spous	e	
	If you have more		Employment status	■ Employed			☐ Er	nployed			
	attach a separate information about		Employment status	☐ Not employed			□ No	t employe	ed		
	employers.		Occupation	secretary							
	Include part-time, self-employed wo		Employer's name	William Penn So	chool D	istri	ct				
	Occupation may i or homemaker, if		Employer's address	100 Green Ave Lansdowne, PA	19050						
			How long employed the	nere?							
Pai	rt 2: Give De	tails About Mor	nthly Income								
	imate monthly incouse unless you are		ate you file this form. If y	you have nothing to re	eport for	any	line, write \$0 in	the space	. Include your r	on-filing	
	ou or your non-filing e space, attach a se		ore than one employer, co	ombine the information	n for all e	emplo	oyers for that pe	erson on th	ne lines below.	If you need	
							For Debtor 1		Debtor 2 or a-filing spouse		
2.			ry, and commissions (becalculate what the month)		2.	\$	2,810.0	0 \$_	N//	<u> </u>	
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$	0.0	+\$	N//	<u>4</u>	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	2,810.00	\$	N/A		

Deb	tor 1	Danielle L. White	_		Cas	e number (if known)	22-	10870		
					_	5.1.	-	5.1.	•	
					Fo	or Debtor 1		r Debtor n-filing s		
	Cop	y line 4 here	4		\$	2,810.00	\$	ii-iiiiig .	N/A	
_	-	*			-	, , , , , , , ,	-			
5.		all payroll deductions:	_	_	Φ	505.00	Ф		51/4	
	5a.	Tax, Medicare, and Social Security deductions		a. b.	\$ \$	505.00	* ***		N/A	
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans		C.	φ ₋	0.00 253.00	• \$_		N/A N/A	
	5d.	Required repayments of retirement fund loans		d.	φ \$	0.00	. \$_		N/A	
	5e.	Insurance		e.	\$	110.00	· \$-		N/A	
	5f.	Domestic support obligations		f.	\$	0.00	\$		N/A	
	5g.	Union dues	5	g.	\$	59.00	\$		N/A	
	5h.	Other deductions. Specify:		h.+	\$	0.00	+ \$		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6		\$	927.00	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7		\$	1,883.00	\$_		N/A	
8.	List	all other income regularly received:					_			
	8a.	Net income from rental property and from operating a business,								
		profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8	a.	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8	b.	\$	0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive			_					
		Include alimony, spousal support, child support, maintenance, divorce	0	_	Φ.	202.00	Φ.		N1/A	
	04	settlement, and property settlement.		c. d.	\$ \$	332.00	*		N/A	
	8d. 8e.	Unemployment compensation Social Security		u. e.	Φ \$	0.00	. \$_		N/A N/A	
	8f.	Other government assistance that you regularly receive	O	С.	Ψ_	0.00	Ψ_		IN/A	
	01.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.)							
		Specify:	8	f.	\$	0.00	\$		N/A	
	8g.	Pension or retirement income	_	g.	\$	0.00	\$		N/A	
	8h.	Other monthly income. Specify: 2021 Tax Refund		о h.+	\$	100.00	+ \$		N/A	
		social security disability for daughter	_		\$	772.00	\$		N/A	
		rent from son	_		\$	400.00	\$		N/A	
_	A .d	I all ather income. Add I've Over Obs Over Obs Over Obs	_ ^		Φ.	4 004 00				7
9.	Auc	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9		\$	1,604.00	\$_		N/A	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,487.00 + \$		N/A	= \$	3,487.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ.		3,407.00			- " 	3,407.00
11		e all other regular contributions to the expenses that you list in Schedule	. ,	-					J	
	Incl othe	ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	dep			•	•		e J.	
	Spe	cify:						11.	+\$	0.00
12.	Writ	the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain						e. 12.	¢	3,487.00
	арр	ies						12.	Combin	
										income
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							
		Yes. Explain:								
	ш	1 03. Explain.								

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:			l					
Deb	tor 1	Danielle L. W	Vhite			Chec	k if this is:				
						.	■ An amended filing				
	otor 2							wing postpetition chapter			
(Spo	ouse, if filing)						13 expenses as of	the following date:			
Unit	ed States Bankr	ruptcy Court for the	: EASTE	MM / DD / YYYY							
	e number 22 nown)	2-10870									
Of	fficial Fo	rm 106J									
So	chedule	J: Your	Exper	nses				12/1			
info	ormation. If m mber (if know		eded, atta ry questio	. If two married people an ich another sheet to this n.							
1 ai	Is this a joir		illoiu								
	■ No. Go to		in a separ	ate household?							
	□N	0		al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Debt	or 2.				
2.	Do vou have	e dependents?	□ No								
	Do not list Debtor 2.	•	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?				
	Do not state	tho						□ No			
	Do not state dependents				Daughter		14	Yes			
								□ No			
								☐ Yes			
								□ No			
								Yes			
								□ No			
3.	Do your eyr	enses include	_				<u> </u>	☐ Yes			
J.	expenses of	f people other t d your depende	han $_{m au}$	No Yes							
exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp							
the		n assistance an		government assistance i cluded it on <i>Schedule I:</i> \			Your exp	enses			
4.		or home owners and any rent for the		ses for your residence. I or lot.	nclude first mortgag	e 4. \$		544.00			
	If not includ	led in line 4:									
	4a. Real e	estate taxes				4a. \$		0.00			
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00			
				upkeep expenses		4c. \$		0.00			
_		owner's associat				4d. \$		0.00			
5.	Additional r	nortaage navme	ents tor vo	our residence , such as ho	me equity loans	5 \$		0.00			

Debtor 1 Dan	nielle L. White	Case numbe	r (if known)	22-10870
11411141				
6. Utilities: 6a. Elec	tricity, heat, natural gas	6a. \$		300.00
	er, sewer, garbage collection	6b. \$		75.00
	phone, cell phone, Internet, satellite, and cable services	6c. \$	-	490.00
	er. Specify:	6d. \$		
	housekeeping supplies	7. \$		0.00 625.00
	and children's education costs			0.00
•	laundry, and dry cleaning			50.00
	care products and services	10. \$		100.00
	nd dental expenses	11. \$	·	0.00
	ation. Include gas, maintenance, bus or train fare.	12. \$	1	120.00
	ude car payments. nent, clubs, recreation, newspapers, magazines, and books	13. \$		75.00
	e contributions and religious donations	14. \$		0.00
	•	14. ф	·	0.00
 Insurance Do not incl 	ude insurance deducted from your pay or included in lines 4 or 20.			
15a. Life	, , ,	15a. \$	}	75.00
	Ith insurance	15b. \$		0.00
	icle insurance	15b. \$		200.00
	er insurance. Specify:	15d. \$		0.00
	not include taxes deducted from your pay or included in lines 4 or 20.	13u. ‡		0.00
Specify:	not include taxes deducted from your pay or included in lines 4 or 20.	16. \$;	0.00
	nt or lease payments:			
	payments for Vehicle 1	17a. \$	i	0.00
	payments for Vehicle 2	17b. \$		0.00
17c. Othe	er. Specify:	17c. \$	·	0.00
17d. Othe	er. Specify:	17d. \$		0.00
	nents of alimony, maintenance, and support that you did not report a		:	0.00
	from your pay on line 5, Schedule I, Your Income (Official Form 106I). ments you make to support others who do not live with you.	. 10. \$		0.00
Specify:	ments you make to support others who do not live with you.	19.		0.00
' ' _	property expenses not included in lines 4 or 5 of this form or on Sch		r Income.	
	gages on other property	20a. \$		0.00
	l estate taxes	20b. \$		0.00
	perty, homeowner's, or renter's insurance	20c. \$		0.00
	ntenance, repair, and upkeep expenses	20d. \$		0.00
	neowner's association or condominium dues	20e. \$		0.00
. Other: Spe		21. +		0.00
	· · · · · · · · · · · · · · · · · · ·		Ψ	0.00
	your monthly expenses			
	nes 4 through 21.		\$	2,654.00
22b. Copy	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add li	ne 22a and 22b. The result is your monthly expenses.		\$	2,654.00
3. Calculate	your monthly net income.			
	y line 12 (your combined monthly income) from Schedule I.	23a. \$	}	3,487.00
• •	y your monthly expenses from line 22c above.	23b		2,654.00
200. COP	y your monary expenses from the 220 above.	200	<u> </u>	2,034.00
	tract your monthly expenses from your monthly income.	00- 6		833.00
The	result is your monthly net income.	23c. \$		033.00
For example	pect an increase or decrease in your expenses within the year after ye, do you expect to finish paying for your car loan within the year or do you expect you to the terms of your mortgage?			ase or decrease because of
■ No.	, 5 0			
■ NO. □ Yes	Explain here:			